PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of	respond to a collection of information unless it displays a valid OMB control number					
Effective on 12/08/ Fees pursuant to the Consolidated Approp	Complete if Known Application Number 10/542,770-Conf. #1614					
			July 17, 2006	# 1014		
FEE TRANS	First Named Inventor Roger Scattergood					
For FY 2009		Examiner Name L. D. Hines		,00a		
Applicant claims small antity stat	4707					
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 180.00		Artoriit		M0106.70021US00		
(1)		Attorney Docket No. M0106.70		1010100.700210	3000	
METHOD OF PAYMENT (check all that apply)						
Check X Credit Card Money Order None Other (please identify):						
Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17						
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
FI		ARCH FEES	EXAMIN	NATION FEES		
Application Type Fee (\$	Small Entity Fee (\$) Fee (Small Entity \$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Utility 330	165 540		220	110		······································
Design 220	110 100	50	140	70		
Plant 220	110 330	165	170	85		
Reissue 330	165 540		650	325		
Provisional 220	110		0	0		
2. EXCESS CLAIM FEES						Small Entity
Fee Description					Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)					52	26
Each independent claim over 3 (including Reissues)					220	110
Multiple dependent claims				390	195	
Total Claims - 20 or HP			Multiple Dependent Claims			
HP = highest number of total claims paid for	x = : if greater than 20.		<u>Fe</u>	<u>e (\$)</u> <u>F</u>	ee Paid (\$	<u>}</u>
Indep. Claims Extra Claims	. •	Fee Paid (\$)				_
- 3 or HP =	x =	σο τ αια (ψ)				
HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50						
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						aid (\$)
100 = /50 = (round up to a whole number) x =						
4. OTHER FEE(S) Fees Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00						
SUBMITTED BY		I Danishak N				
Signature /John R. Van Am	re /John R. Van Amsterdam/ Registration No. (Attorney/Agent)			Telephone	617.646.8000	
Name (Print/Type) John R. Van Amsterdam				Date	Date August 24, 2010	

Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: August 24, 2010 Electronic Signature for Sylvana Householder: /Sylvana Householder/